**[COMPANY NAME]**

[Address] [Phone Number] [Contact person] [Email]

BILL TO:

[Address] [Email]

[Phone Number]

**INVOICE**

|  |  |
| --- | --- |
| Invoice No: |  |
| Invoice Date: |  |
| Due Date: |  |
| PO No: |  |
| Terms: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Description/Labour | Quantity/Hours | | Unit Price | Amount |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| Notes: | | Subtotal | |  |
| Discount | |  |
| Tax total | |  |
| Paid | |  |
| Payment Method: | | **Total Due** | |  |

I certify that all the expenditures reported are for appropriate purposes and in accordance with the agreement set forth in the applications and award documents.

# Signature:

With my signature i acknowledge the satisfactory completion of the word described above

# Signature:

[Job Description] [Job Address] [City, State Zip] [Billing period]